

FOSTER CARE / AGENCY PROVIDER PAYMENT HANDBOOK



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
FOSTER CARE SERVICES PROGRAM

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INTRODUCTION

This handbook is designed to help you as Department of Human Services (DHS) foster parents, placement agency foster care (PAFC) providers, child caring institutions and others who have approved paid placements to correctly bill and receive payments from DHS for foster care or residential care. This handbook will explain how and when payments are made, the different types of payments that may be available, and what to do or whom to call if errors occur or if you have a question about a payment.

The payments referred to in this book are the **DHS payments** made on behalf of children funded by the state ward board and care funds and federal title IV-E funds of the Social Security Act. If you are not sure of the funding source or where payments will come from for a youth in your care, ask the DHS caseworker responsible for the youth. This handbook does not provide information regarding Child Care Fund payments. Child Care Fund payments are made locally and questions should be directed to your caseworker.

FAMILY FOSTER CARE RATES

The family foster care payment rates are determined from the United States Department of Agriculture (USDA) standard cost of raising a child. These rates are reviewed annually and adjusted according to changes in the cost of living standards. The payment rates include the normal expenses, such as food, replacement and maintenance of clothing, spending money and the cost of personal items, such as diapers, deodorant and shampoo.

Residential care rates and placement agency foster care (PAFC) provider administrative rates vary by the type of care provided and programs offered.

DETERMINATION OF CARE SUPPLEMENT FOR FAMILY FOSTER CARE

There are instances in which the age appropriate payment does not cover extraordinary care or expenses that may be required of a foster parent. A determination of care supplement or a medically fragile supplement may be approved by DHS. Determination of care supplements require completion of documentation assessing the *extraordinary* tasks a foster parent must perform to meet the exceptional needs of the child.

Examples of reasons for determination of care supplements include:

- Physical disabilities requiring foster parents to provide measurably greater supervision and care.
- Special psychological or psychiatric needs requiring extraordinary time and attention.

Determination of care supplements are time-limited and require DHS approval at supervisor or above level, both initially and at each review.



AUTHORIZATION

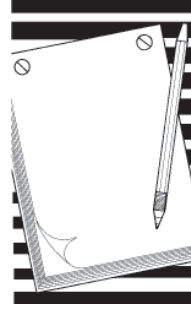
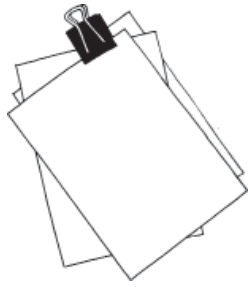
It is the DHS caseworker's responsibility to determine the appropriate payment source and to authorize payment for a youth's board and care. When this process is completed and payment is from DHS, you will receive a **Notice of Authorization**¹. This will show the amount of payment authorized for the youth's care. You will begin to receive **Children's Foster Care Invoices**,² which you must fill out and submit to the DHS Document Control Unit in order to receive payments. Along with your invoice, a pre-addressed return envelope will be included.

Note: Authorization of payments is a critical process that must be completed at least every six months by the DHS caseworker assigned to the youth. You will not continue to receive invoices if the authorization of payments has not been completed. If you do not receive an invoice for a youth who continues to be in your care, contact the assigned DHS caseworker.

The time frame for receiving a Notice of Authorization and Children's Foster Care Invoice may take longer due to the approval process, which can include the supervisor, county director, child welfare field operations and policy office, in some cases. Therefore, do not become alarmed if you do not receive a Notice of Authorization or a youth is not listed on the invoice immediately.

¹ See Exhibit A, Notice of Authorization

² See Exhibit B, Children's Foster Care Invoice



PAYMENT PROCESS

It is important that you keep accurate records for payments that you receive. Write down the youth's actual placement date and removal date. An invoice submitted for dates prior to the actual placement date will not be paid.

All Children's Foster Care Invoices cover a two-week period. Check the billing period dates on the top of each invoice, as you may receive more than one invoice the first time. Be sure that the invoice billing period matches the time period on which you are reporting. You will receive an invoice from the Document Control Unit every two weeks that covers the next two-week billing period.

Note: Payments may be delayed due to holidays or postal delays.

CHILDREN'S FOSTER CARE INVOICE (DHS-4765) ³

The Children's Foster Care Invoice is a two-part form. Keep the second copy of the invoice for your own records. The invoice holds up to nine youth per page. If a mistake is made in reporting for one of the youths, payment will be made for the remaining youth while the error for the one is being resolved.

An invoice must be completed, signed and mailed by the foster parent or PAFC provider at the end of the second week of the pay period. Send it to Payment Control Section, P.O. Box 30025, Lansing, MI 48909-9720. When filling out an invoice, use only a No. 2 lead pencil or black or blue ink pen. Only mark in the space provided. Marking outside the space or in other areas will delay payment. Once completed, tear off the carbon copy of the invoice and save it for your records.

After each payment, you will receive a **Statement of Payments** ⁴ and the next invoice. The Statement of Payments provides you with an explanation of payment received. If an error is indicated on the Statement of Payments, refer to the **Error Message Definitions** ⁵ for additional information.

Carefully review each invoice and Statement of Payments for accuracy.

³ See Exhibit B, Children's Foster Care Invoice

⁴ See Exhibit C, Statement of Payments

⁵ See Exhibit D, Error Message Definitions



HOW TO COUNT DAYS IN CARE

Begin with the actual date of placement and mark that day on the invoice. If the youth has remained in your care, mark the remaining days of the billing period.

Subsequent invoices are completed for a 14-day period for as long as a youth remains in care. To correctly count placement days, always count the first day the youth was placed, and every day of care after, until the youth's placement has ended. **When the placement ends, do not count the last day of care.**

The following are examples of how to count days of care:

EXAMPLE 1

Billing period March 20, 2011 to April 2, 2011: Patty Peppermint has been in your care for several billing periods; she is moved on March 30, 2011. Tom Thumb is placed in your care on March 26, 2011 and removed on March 29, 2011.

CASE NAME PEPPERMINT PATTY	RECIPIENT ID 0101010101	CASE NUMBER V1020123A	AUTH. LOAD NUMBER 3300112253
FULL BILLING PERIOD 0	PER DAY MO TU WD TH FR SA SU ● ● ● ● ● ● ●	MO TU WD TH FR SA SU ● ● ● ● ● ● ●	
CASE NAME THUMB TOM	RECIPIENT ID 0789798881	CASE NUMBER V8989676A	AUTH. LOAD NUMBER 3311251157
FULL BILLING PERIOD 0	PER DAY MO TU WD TH FR SA SU ● ● ● ● ● ● ●	MO TU WD TH FR SA SU ● ● ● ● ● ● ●	

Provider is eligible for **10 days** of payment for Patty Peppermint and **three days** of payment for Tom Thumb.

Note: Do not count the actual day the youth left your care.

EXAMPLE 2

Billing Period: March 20, 2011 to April 2, 2011: **Sam Stone remains in the provider's care for the full billing period of 14 days from March 20, 2011 to April 2, 2011. Mary Morgan was on a three-day home visit approved by her DHS caseworker, then returned to the provider's home.**

CASE NAME STONE SAM	RECIPIENT ID 8989323211	CASE NUMBER V2345876A	AUTH. LOAD NUMBER 3300112200
FULL BILLING PERIOD	PER DAY		
	MO TU WO TH FR SA SU	MO TU WO TH FR SA SU	
	0 0 0 0 0 0 0	0 0 0 0 0 0 0	
CASE NAME MORGAN MARY	RECIPIENT ID 0781212345	CASE NUMBER V4989678A	AUTH. LOAD NUMBER 2100008900
FULL BILLING PERIOD	PER DAY		
	MO TU WO TH FR SA SU	MO TU WO TH FR SA SU	
	0 0 0 0 0 0 0	0 0 0 0 0 0 0	

Provider is eligible to receive payment for **14 days** of care for both Sam and Mary; see how to count approved days of absence.

When a youth has remained in your care for the full two weeks, including an approved absence, mark the Full Billing Period space. Sign and return the invoice at the end of the billing period.

APPROVED DAYS OF ABSENCE

An approved absence is any regularly planned temporary absence such as attending summer camp or a home visit. When the **DHS caseworker** approves the days of absence, you are able to receive payment for up to five days as long as the placement is maintained and the youth is returned to your care.

You must have prior approval from the assigned DHS caseworker before payment for these temporary absences can be made. For all **approved temporary absences**, mark the invoice the same as regular days of care.

UNAPPROVED DAYS OF ABSENCE

Unapproved days of absence are also known as truanies, AWOLP, or escape. These are situations when a youth leaves a placement **without permission and remains absent overnight**. Unapproved absences must be reported to the DHS caseworker as soon as possible.

Many times a youth, after leaving a placement without permission, will be returned to the same placement. This could occur within the same billing period. However, payment authorization is stopped effective the day the youth left.

Another authorization of payment must be completed by the DHS caseworker. You will receive another Notice of Authorization for the youth. If you do not receive an invoice for these dates, contact your DHS Worker or the Specialized Action Center.

The following are examples for counting days of care if a youth is truant, AWOLP or escapes.

EXAMPLE 3

Billing Period: March 20, 2011 to April 2, 2011. Jack and Jill are truant on March 26, 2011. **The DHS caseworkers are required to end the payment authorization within 24 hours of the youth leaving the placement.**

CASE NAME BEAN JILL	RECIPIENT ID 7856458909	CASE NUMBER V1098542Q	AUTH. LOAD NUMBER 3300112233
FULL BILLING PERIOD	PER DAY	MO TU WD TH FR SA SU	MO TU WD TH FR SA SU
		0 0 0 0 0 0 0	0 0 0 0 0 0 0
CASE NAME HILL JACK	RECIPIENT ID 6756453412	CASE NUMBER V89012896C	AUTH. LOAD NUMBER 7899251147
FULL BILLING PERIOD	PER DAY	MO TU WD TH FR SA SU	MO TU WD TH FR SA SU
		0 0 0 0 0 0 0	0 0 0 0 0 0 0

The provider submits for only **six days** of care for each youth.

Remember, the DHS caseworker must end the payment authorization within 24 hours. This occurs even if the youth returns to the same provider's care after days of unapproved absence.

RECEIVING PAYMENTS

If the completed invoice is received, scanned and processed by Thursday following the end of billing period, it should be included in the payroll on Friday. The warrant information will then be sent to the state's accounting system on the following Tuesday. The information is returned to Treasury on Wednesday morning and the check will be mailed that evening. Invoices and payrolls are processed every week. For mailing dates see **Payment Schedule**⁶ at the end of this handbook.



Example: The billing period ends on Sunday (Jan. 1). You mail the invoice to DHS on Monday (Jan. 2). The invoice is then received, scanned and processed by Thursday (Jan. 5). It will be included in the payroll (Jan. 6). On Tuesday (Jan. 10), the warrant information is sent to the state's accounting system. Your check will be mailed by the Treasury Department on Wednesday (Jan. 11). Thus it has taken 10 days from the end of the billing period until the check is in the mail to you.

However, if you were to forget to mail the invoice until Thursday (Jan. 5), the invoice would be scanned and processed in next week's payroll (Jan. 13). The warrant information would be sent to the state's accounting system on Tuesday (Jan. 17) and your check would be mailed by the Treasury Department on Wednesday (Jan. 18).

Note: State and federal holidays and other postal delays can slow down the payment process.



⁶ See Exhibit G, Payment Schedule

HELPFUL TIPS:

- Use only a No. 2 lead pencil, blue or black ink pen to complete the invoice.
- Do not mail the invoice **until after** the end of the billing period.
- When invoices are received, review them for accuracy.
- Always submit the original invoice to the DHS Document Control Unit. The invoice is a two-part form; keep the second copy for your records.
- **Remember the placement payment rule:** Always count the first day of placement but not the day the placement ends.
- **Approved leaves** from a provider's care require prior approval from the assigned DHS caseworker.
- When a youth goes on an unapproved absence (truants, AWOL/escape), payments on the current invoice stop for the unapproved absence days. Contact the DHS caseworker as soon as possible.
- Review the Statement of Payments,⁷ State of Michigan Remittance Advice⁸ and Error Message Definitions⁹ for information on the payments you receive.
- If you have a question, call the Specialized Action Center at 1-800-444-5364.

ELECTRONIC FUNDS TRANSFER

Electronic funds transfer is available for direct deposit of State of Michigan payments to your bank account for DHS-supervised foster homes only. For more information or to sign up, go to the Contract and Payment Express web site, www.cpexpress.state.mi.us.

OVERPAYMENTS

It is the responsibility of the assigned DHS caseworker to ensure that the authorization time period is correct. It is important that you submit invoices with the correct number of days of placement for each youth. The payment system is designed to avoid making overpayments. If an overpayment occurs, contact the youth's assigned DHS caseworker, who will initiate the repayment process, as DHS requires that repayment be made to the State of Michigan.

ADJUSTING FOR AN UNDERPAYMENT

Occasionally an underpayment occurs. A common reason for an underpayment would be if the caseworker authorizes the standard daily rate and conditions soon indicate that a determination of care supplement is appropriate. After completion of the determination of care documentation with the foster parent and completion of required approvals, a retroactive adjustment can be made by the DHS caseworker.

You will not need to complete a second invoice for the same billing period. In this situation, you already completed an invoice stating that care was provided for the youth during the time period. The payment adjustment for the underpayment will be included in a future check and be indicated on a statement of payments.

⁷ See Exhibit C, Statement of Payments

⁸ See Exhibit E, State of Michigan Remittance Advice

⁹ See Exhibit D, Error Message Definitions

NON-SCHEDULED PAYMENTS

A non-scheduled payment is a request for such things as an initial clothing allowance, tutoring, graduation expenses, limited mental health, medical and dental services. Each category of non-scheduled payment has its own requirements regarding age, documentation, legal status of the youth and necessary approvals.

A room and board authorization must be in place for the same time period in order for a non-scheduled payment to be made. These payment requests are processed by the DHS caseworker, generally after submission of receipts. Any questions regarding requests for non-scheduled payments must be discussed with the assigned DHS caseworker prior to incurring the expense. Upon approval, the payments are included with the next regularly scheduled payroll.

The statement of payments may show the non-scheduled payments. They may also be listed directly on the State of Michigan remittance advice (check stub). The ***reason*** for the non-scheduled payment will be indicated on the check stub as a CFC service code number. CFC service code numbers and their corresponding reasons can be found in, Exhibit F, **Non-Scheduled Payments Service Codes** at the end of this manual.

SEMI-ANNUAL CLOTHING ALLOWANCE AND HOLIDAY ALLOWANCE

The semi-annual clothing allowance is automatically sent to providers for children who are in state-paid family foster care placements on Aug. 31 and Feb. 28. The holiday allowance is automatically sent for children who are in state-paid placements (family foster care or youth who are in an independent living placement) on Nov. 30. These allowances will be paid on the next payroll ***after*** these dates.

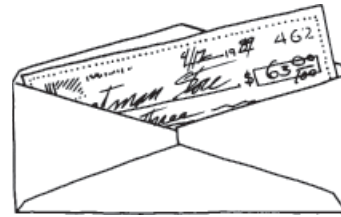
REPLACING A LOST OR DESTROYED INVOICE

If you lose an invoice or the one you received was accidentally thrown away or destroyed, there are two things you can do:

- Request a replacement of the **invoice** by contacting the Specialized Action Center at 1-800-444-5364 or contact your DHS caseworker, who will be able to do this for you.
- Use a Children's Foster Care Invoice (**DHS-4765X**) which is a blank version of the regular invoice. You will need to write all the identifying information as it appears on other invoices. This blank invoice is available from the Specialized Action Center. Please refer to the directions on the back of the form. This form will not be scanned when it reaches the Document Control Unit, so it may take longer to process.

DID YOU KNOW...

REPLACING A LOST OR DESTROYED CHECK



If a check becomes lost, destroyed, stolen, or undelivered, there are certain steps that must be followed.

If received and lost, call your DHS worker to verify that a check was written and find out its mailing date. The process to replace it should not be started until four days have passed since the check was mailed.

If you believe your check was stolen, you must report the theft to the police.

If the check was destroyed, save the remains of the check. It must be attached to the affidavit referenced below.

Warrants (checks) reported lost, destroyed, not received or stolen may be replaced/rewritten after recovery is made on the original warrant. Recovery means that the value of the warrant has been credited back to the account it was written from, or if a forged warrant has cleared Treasury, that the person who cashed the forged warrant has reimbursed the state.

An **Affidavit Claiming Lost, Destroyed, Not Received or Stolen State Treasurer's Warrant** or an **Affidavit Claiming Forged Endorsement** is required to replace a warrant. In **most** cases, the affidavit must be notarized. These forms are available at the local DHS office. There are several special procedures involved in warrant replacement. The DHS caseworker will help you with this process.

If a check is lost or destroyed, contact any local office DHS worker of any case on the warrant to initiate the replacement process. Be sure to have your copy of the invoice available when you call. To avoid lost, destroyed or stolen warrants, foster parents are strongly encouraged to register for Electronic Funds Transfer payments directly into a designated checking account.

RECORD KEEPING:

It is suggested that you keep copies of all children's foster care invoices, statements of payments, State of Michigan remittance advice documents (check stubs) and notices of authorization. These will help you if you need to call the Specialized Action Center or your DHS worker for assistance with any questions or problems related to a particular payment.

MAILING ADDRESS:

Mail the invoice to:

DHS DOCUMENT CONTROL UNIT
Grand Tower Suite 1017
P.O. Box 30025
Lansing, MI 48909-7525

SPECIALIZED ACTION CENTER:

If you need assistance from the Specialized Action Center, the telephone number is **1-800-444-5364**.

CALL THE SPECIALIZED ACTION CENTER WHEN YOU:

- Have non-child-specific payment questions.
- Do not understand what an error message means on your statement of payments after checking the definitions in Exhibit D.
- Want to determine if and when a check has been issued and mailed.
- Need to know if authorization has been entered into the system.
- Receive an invoice which is in error; for example, the youths listed are not those youth who are in your care.
- Lose an invoice.



CALL THE DHS CASEWORKER WHEN YOU:

- Have not received a notice of authorization. Allow at least two weeks from the date of placement.
- Notice an error on an invoice; for example, an inaccurate case number or misspelling of a child's name.
- Do not know if you should expect an invoice for a youth in your care.
- Want to determine if and when a check has been issued and mailed.
- Need to know if authorization has been entered into the system.
- Lose an invoice or a check.



QUESTIONS AND ANSWERS

1. What is a billing period?

A billing period is a two-week period of time. There are 26 billing periods in a year. All children's foster care billing periods begin on a Monday and end two weeks later on a Sunday. Check the Payment Schedule¹⁰ for the begin and end dates of the billing periods.

2. What is a Children's Foster Care Invoice¹¹?

An invoice is a report that identifies the youth for whom payment authorization was in effect during a two-week billing period. At the end of the billing period, you as the provider complete the invoice by marking the number of days in care for each youth. You sign and date the invoice and mail it to the Document Control Unit in Lansing. Keep the second copy of the invoice for your records.

3. What is a Statement of Payments¹² and what should I do with it?

A Statement of Payments is a detailed explanation and break down of your board and care payment. Carefully review it for accuracy and keep it for future reference. You will receive a Statement of Payments for each board and care check you receive from the State of Michigan.

4. How often will I receive payment?

When you mail a completed and signed invoice to the Document Control Unit in Lansing, payment will usually be mailed out within two weeks.

¹⁰ See Exhibit G, Payment Schedule

¹¹ See Exhibit B, Children's Foster Care Invoice

¹² See Exhibit C, Statement of Payments

5. How do I count days of care when a child goes on an approved leave (such as home visits) or is on an unapproved leave (AWOLP/escape)?

An approved leave is counted the same way as the other days of placement for that youth. When an unapproved leave (AWOLP/escape) occurs, payment stops if the youth is absent overnight. Review that section of this handbook on Page 6 for more information.

6. During a billing period, another youth is placed into my care. I have not yet received an invoice with the youth's name on it. Can I enter this youth's information on the invoice I already have?

Yes, but it is better not to enter any information about the newly placed youth on the pre-printed invoice because it will delay your payment. It will be better to wait until you receive a Notice of Authorization and an invoice for the youth. Subsequent invoices will have all youth listed who are in your care.

The pre-printed invoice is designed to be electronically scanned. An invoice with hand-entered information will be rejected and will need to be manually processed, which will cause a delay in payment. A Children's Foster Care Invoice, DHS-4765X, will be available from your worker if you wish to hand enter information about youth in your care for whom you do not have an invoice. DHS-4765X's are all processed manually for payment.

7. Several weeks ago we had a child placed with us, but we still have not received an invoice. What do we do?

Contact the DHS caseworker assigned to the youth to inquire about the payment authorization. Once the authorization process is completed, you will receive a Notice of Payment Authorization¹³ and an invoice. Remember you will only receive this for youth whose care is paid for by the State of Michigan. County child care-funded youths are not covered by this payment system.

8. What should I do if an invoice is lost or destroyed?

You can contact the Specialized Action Center at 1-800-444-5364 to obtain a replacement invoice for the billing period by child.

Or, you can use the DHS-4765X and hand enter all the identifying information. This is available through the Specialized Action Center.

9. What do I do if I identify errors on the invoice I just received?

Contact the DHS caseworker responsible for the youth.

¹³ See Exhibit A, Notice of Payment Authorization

10. What do I do if the check (warrant) is lost or destroyed?

If a check is not received, lost, destroyed or stolen, there are specific steps that must be taken. Refer to Page 10.

11. I have mislaid the return envelope. Where do I send the invoice if I put it in my own envelope?

The mailing address is:

Payment Control Section
Michigan Department of Human Services
P.O. Box 30025
Lansing, MI 48909-9720

If you do use your own envelope, it may delay payment.

12. Is it OK to send to or drop off the invoice at the local DHS office?

Do not send an invoice to a local DHS office; it will delay the payment. Send all invoices to the Document Control Unit in Lansing.

13. Should I keep copies of Children's Foster Care Invoices,¹⁴ Statements of Payments,¹⁵ and State of Michigan Remittance Advice¹⁶ documents?

Keep all of the payment information you receive in a secure area for future reference should there be any questions on a particular payment. The invoice is a two-part form. Mail the original to the Document Control Unit; keep the second part for your records. It is very important for providers to review every statement of payments and remittance advice (check stub) they receive for foster care and report errors to the DHS caseworker immediately.

14. What do we do if we receive an overpayment or experience an underpayment?

Contact the local DHS caseworker for that youth. The worker will make an adjustment according to the situation.

15. What about semi-annual clothing allowances and non-scheduled payments? Do I have to ask the DHS caseworker for these?

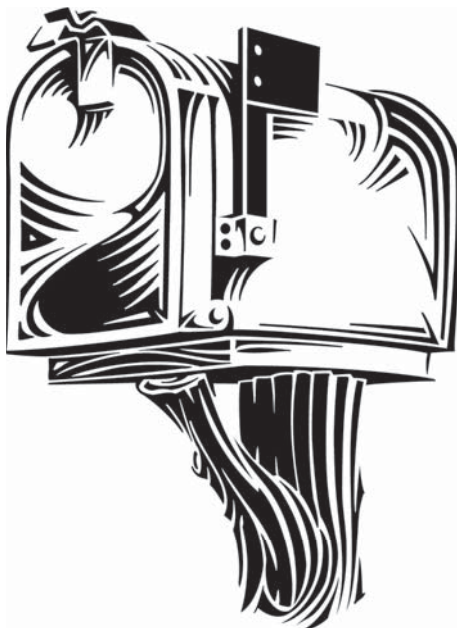
Semi-annual clothing allowances and the holiday allowance are automatically sent based on payment authorizations in effect for the billing period in which these payments are made. If you don't receive these payments as expected, contact your DHS worker.

¹⁴ See Exhibit B, Children's Foster Care Invoice

¹⁵ See Exhibit C, Statement of Payments

¹⁶ See Exhibit E, State of Michigan Remittance Advice

If you still have questions after reviewing this handbook, contact the Specialized Action Center for further assistance at 1-800-444-5364.



REMINDERS

- You must fill out the Children's Foster Care Invoice Form enclosed and send it back to the Document Control Unit at DHS in order to receive payment for foster care.
- Use a No. 2 pencil or blue or black ink pen to mark the invoice. This has proven to be the most accurate for the scanner.
- Always check the BILLING PERIOD dates at the top of the invoice in the upper right corner. Complete the invoices at the end of the BILLING PERIOD. If you return them too early, DHS will send them back to you.
- Be sure to sign each invoice. Unsigned invoices will also be returned to you.
- Use the *return envelopes* provided with the invoices and return the invoices by regular U.S. mail.
- Error message definitions are included on pages 21 and 22.
- If you lost the FOSTER CARE/AGENCY PROVIDER PAYMENT HANDBOOK, please visit: www.michigan.gov/fostercare and click Forms & Publications (bottom of page). Click on Foster Care Agency/Provider Payment Handbook DHS Pub-843.
- The Specialized Action Center hotline number is 1-800-444-5364.
- If the payment period includes a holiday, receipt of payment may be delayed.

EXHIBIT A



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
LANSING

MAURA D. CORRIGAN
DIRECTOR

NOVEMBER 06, 2012

KELLY ROBERT AND ANN
1713 BILOXI DRIVE
LANSING MI 48912

YOUTH INFORMATION
CASE NAME: STONE SAM
CASE NUMBER: X2345676A
RECIPIENT ID: 12345678
WORKER NUMBER: 3300112201
PROVIDER NUMBER: 1234567
FUNDING SOURCE: Title IVE

NOTICE OF AUTHORIZATION

YOU HAVE BEEN AUTHORIZED TO RECEIVE A PAYMENT FOR BOARD AND CARE
EFFECTIVE 11/01/2012. THIS AUTHORIZATION IS IN EFFECT
AS LONG AS THE YOUTH REMAINS IN YOUR CARE OR UNTIL 11/29/2012.
A REDETERMINATION IS REQUIRED FOR PAYMENT BEYOND THIS DATE.

PAYMENTS HAVE BEEN AUTHORIZED FOR THE FOLLOWING AMOUNT(S):

(0721) DOC Level I ages 13+	\$6.00
(0702) Age Appropriate Rate for 13+	\$20.59

DAILY TOTAL \$26.59

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OF AUTHORIZATION,
PLEASE CALL THE DHS CASEWORKER RESPONSIBLE FOR THIS YOUTH.

EXHIBIT B

SAMPLE

CHILDREN'S FOSTER CARE INVOICE

STATE OF MICHIGAN
Department of Human Services
CHILDREN'S FOSTER CARE INVOICE

BILLING PERIOD													
FROM							TO						
MO	DA	YEAR					MO	DA	YEAR				
3	20	06					4	02	06				
PROVIDER NUMBER													
1	2	3	4	5	6	7							

Provider Name
Provider Address
City, State Zip Code

RETURN TO:
DOCUMENT CONTROL UNIT

1 CASE NAME Peppermint Patty	5 RECIPIENT ID 0101010101	6 CASE NUMBER V1020123A	7 AUTH. LOAD NUMBER 3300112255
8 FULL BILLING PERIOD ()	9 PER DAY		

2 CASE NAME Thumb Tom	11 RECIPIENT ID 0789798881	12 CASE NUMBER V8989676A	13 AUTH. LOAD NUMBER 3311251157
14 FULL BILLING PERIOD ()	15 PER DAY		

3 CASE NAME Stone Sam	17 RECIPIENT ID 8989323211	18 CASE NUMBER V2345876A	19 AUTH. LOAD NUMBER 3300112200
20 FULL BILLING PERIOD ()	21 PER DAY		

4 CASE NAME Morgan Mary	23 RECIPIENT ID 0781212345	24 CASE NUMBER V4989677A	25 AUTH. LOAD NUMBER 2100008900
26 FULL BILLING PERIOD ()	27 PER DAY		

5 CASE NAME Bean Jill	29 RECIPIENT ID 7856458909	30 CASE NUMBER V1098542Q	31 AUTH. LOAD NUMBER 3300112233
32 FULL BILLING PERIOD ()	33 PER DAY		

6 CASE NAME Hill Jack	35 RECIPIENT ID 6756453412	36 CASE NUMBER V8901289C	37 AUTH. LOAD NUMBER 7899251147
38 FULL BILLING PERIOD ()	39 PER DAY		

7 CASE NAME	41 RECIPIENT ID	42 CASE NUMBER	43 AUTH. LOAD NUMBER
44 FULL BILLING PERIOD ()	45 PER DAY		

8 CASE NAME	47 RECIPIENT ID	48 CASE NUMBER	49 AUTH. LOAD NUMBER
50 FULL BILLING PERIOD ()	51 PER DAY		

9 CASE NAME	53 RECIPIENT ID	54 CASE NUMBER	55 AUTH. LOAD NUMBER
56 FULL BILLING PERIOD ()	59 PER DAY		

PROVIDER CERTIFICATION

CERTIFICATION: This is to certify that I or the agency I represent have provided the above care. I understand that payment will be made from Federal and/or State funds, and that if I have made false statements, submitted false billings, or have left out necessary information on purpose, I may be prosecuted for fraud under applicable Federal or State laws.

PROVIDER'S SIGNATURE

Provider Name

CHILDREN'S FOSTER CARE INVOICE (DHS-4765)

PURPOSE AND GENERAL INFORMATION

- Submit an invoice for children listed in order to receive foster care payments.
- Return the invoice after the end of the two-week billing period. The billing period is printed on the top right corner and always ends on a Sunday.
- Do not write messages or notes on the invoice. This will delay the payment.
- Do not write in additional names of children on the invoice. You will get another invoice for newly placed children once the foster care payment is authorized.

Note: Payments will be made only if there is an authorization on the DHS computer system, entered by DHS staff. You will get a notice when payment is authorized.

INSTRUCTIONS

For each child listed, use a No. 2 pencil and fill in the correct number of days of care for the two-week (14-day) billing period. If the child was in your care for the entire 14-day billing period, fill in the space for the full period. See example below:

CASE NAME	RECIPIENT ID	CASE NUMBER	AUTH. LOAD NUMBER
JONES JOHNNY	0102030404	V1234567A	3310001104
FULL BILLING PERIOD	PER DAY		
	MO TU WE TH FR SA SU	MO TU WE TH FR SA SU	
	0 0 0 0 0 0 0	0 0 0 0 0 0 0	

If the child was in care for less than the 14 days, indicate which days the child was in your care. Always indicate the last full day of care. See example below:

Note: The last full day of care is the day prior to the day the child left your home or your facility. Payments are made for the first day of care or day of admission, but not for the day of departure.

In the following example, Jane Jones was in the home from Monday through Friday of the first week and left the placement on Saturday afternoon. The invoice should be completed as follows:

CASE NAME	RECIPIENT ID	CASE NUMBER	AUTH. LOAD NUMBER
JONES JANE	0071538920	V2345671A	1900000307
FULL BILLING PERIOD	PER DAY		
	MO TU WE TH FR SA SU	MO TU WE TH FR SA SU	
	1 1 1 1 1 0 0	0 0 0 0 0 0 0	

CERTIFICATION

- Read the statement. Sign and date the form. Unsigned / undated forms will be returned.
- Remove the perforated edges (stubs) from both sides of the invoice after signing and dating.
- Return the top (white) copy of the invoice in the enclosed envelope.
- Keep the second (yellow) copy of the invoice and file it with your records.
- If you have any questions about this invoice, you may call the Specialized Action Center at 1-800-444-5364.

AUTHORITY: P.A. 280 of 1939
COMPLETION: Voluntary
PENALTY: Provider must submit in order to be paid.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

EXHIBIT C

SAMPLE

STATEMENT OF PAYMENTS

MICH. DEPARTMENT OF HUMAN SERVICES
P.O. BOX 30025
LANSING, MI 48909

PROVIDER PAGE 01
REPORT PAGE 01
RUN DATE 4/06/2006

MICHIGAN DEPARTMENT OF HUMAN SERVICES
MPS STATEMENT OF PAYMENTS
REPORT NUMBER NA-920X

PROVIDER NAME	VOUCHER/LOC NO.:	U000
PROVIDER ADDRESS	VOUCHER DATE:	10/09/1998
CITY, STATE, ZIP	PROVIDER ID NUMBER:	7856342
	REQUESTER CODE	00 00007834
	PAYROLL DATE	4/06/06
NEW CLAIMS RECEIVED 6	PREVIOUS CLAIMS APPROVED	0
NEW CLAIMS APPROVED 5	PREVIOUS CLAIMS PENDED	0
NEW CLAIMS REJECTED 1	PREVIOUS CLAIMS DELETED	0
NEW CLAIMS PENDED 0	PREVIOUS CLAIMS REJECTED	0
NEW CLAIMS DELETED 0		

RECIPIENT NAME PAYMENT TYPE	ID NUMBER BILLING PERIOD	CASE NUMBER	DAYS	RATE	AMOUNT	DOCUMENT NUMBER	ACTION/ REASON
PEPPERMINT PAT BOARD & CARE	0101010101 3/20/06 - 4/02/06	V102012A	10	14.25	142.50	044339989-1	PD
THUMB TOM BOARD & CARE	0789798881 3/20/06 - 4/02/06	V9999999X	3	17.59	52.77	044339989-2	1805
STONE SAM BOARD & CARE	8989323210 3/20/06 - 4/02/06	V234587D	14	19.25	269.50	044339989-3	PD
MORGAN MARY BOARD & CARE	0781212345 3/20/06 - 4/02/06	V498967C	14	14.25	199.50	044339989-4	PD
BEAN JILL BOARD & CARE	7856458909 3/20/06 - 4/02/06	V109854Q	6	27.59	165.54	044339989-5	PD
HILL JACK BOARD & CARE	6756453412 3/20/06 - 4/02/06	V890128C	6	17.59	105.54	044339989-6	PD
1. BALANCE FROM PREVIOUS STATEMENT				.00			
2. CLAIMS APPROVED THIS PERIOD				935.35			
3. CLAIMS APPROVED PRIOR PERIODS				.00			
4. AMOUNT DUE THIS STATEMENT				935.35			
5. AMOUNT REPAID TO DHS				N/A			
6. TOTAL CLIENT PAY AMOUNT				.00			
7. TOTAL AMOUNT TO BE PAID				935.35			

EXHIBIT D
SAMPLE
ERROR MESSAGE DEFINITIONS

Whenever one or more of the children listed on the Statement of Payments has not been processed for payment due to an error condition, a four-digit number will be printed after the youth's name in the last column on the Statement of Payments, titled ACTION / REASON. The following error messages correspond to the error message numbers which may appear on the Statement of Payments.

See example of an error message number on the Statement of Payments sample, found on page 20, under the name, Tom Thumb.

- 1801 Duplicate billing** - More than one invoice for the same youth has been submitted for the same time period.
- 1802 Recipient ID invalid** - The 10-digit identifying number for the youth was entered or scanned incorrectly.
- 1803 No authorization for this client and provider** - No payment authorization for this youth with this provider is on the central DHS computer system for this billing period. Contact the DHS caseworker for the youth.
- 1804 Recipient name / ID not on system** - The youth's name and identifying number was not found on the system. Contact the DHS caseworker for the youth.
- 1805 Invalid case number** - The nine-character identifier, which begins and ends with a letter, was entered or scanned incorrectly.
- 1806 Recipient not a member of the Case** - The case number and recipient ID number do not match; this may occur when an invoice is hand written.
- 1807 Invalid provider ID** - The provider's nine-digit identifying number was entered or scanned incorrectly.
- 1808 Provider number not eligible** - The provider is not licensed for the period billed, therefore, not eligible for payment.
- 1810 Invalid service period** - The billing period dates were entered or scanned incorrectly or billing is for a future pay period. See Exhibit E, Child Foster Care Schedule, for correct billing period dates.
- 1811 Case not on System** - There is no record of this case on the system.
- 1812 Invalid date of birth for recipient on system** - The youth's birthdate indicates he/she is not of an age eligible for foster care payments.
- 1813 Recipient not authorized for period billed** - No payment authorization has been found for this youth. Contact the DHS worker to determine why payment has not yet been authorized.
- 1814 Provider not on System** - The provider is not found on the system.
- 1816 Invalid pay begin or end date** - The billing period dates were entered or scanned incorrectly. See Exhibit G, Child Foster Care Payment Schedule, for correct billing period dates.

- 1817 Pay date is out of service date range** - No authorization was in place for the dates for which payment is requested.
- 1818 No authorization for adjustment** - The invoice is submitted for a previously paid period during which there was a rate change and the authorization no longer exists.
- 1819 Adjustment for lower amount** - An invoice is submitted for a previously paid period during which there was a rate change which lowered the payment amount.
- 1820 Invoice submitted before pay end date** - The invoice cannot be post marked before the end of the billing period.
- 1821 No provider tax number** - The tax number was not found on the provider file.
- 1822 No payment recipient on system** - The provider model payments number or the license number is inactive for the time period billed.
- 1823 Care cost minus client pay is less than \$0.01** - Contact child's DHS case worker.
- 1824 Service rate not found for period billed** - The payment rate record is not found on the database.
- 1826 Invalid funding source** - The youth's care is funded by a source, County Child Care fund, that is not paid by the model payments system.
- 1827 Invalid living arrangement** - The youth's living arrangement is not paid by the model payment system; for example a youth place in his/her own home.
- 1828 Invalid target group** - The youth's legal status is not paid by the model payments system; for example a youth who is not a court or state ward.
- 1830 Provider ineligible for IV-E payment** - The provider cannot be paid from IV-E funds. Contact the child's DHS caseworker.
- 1840 Ineligible legal status for payment** - The child's legal status prevents payment. Contact the child's DHS caseworker.

**EXHIBIT E
SAMPLE
STATE OF MICHIGAN REMITTANCE ADVICE**

000 123456789

Page 1 OF 1

003935

STATE OF MICHIGAN REMITTANCE ADVICE

INVOICE NUMBER	INVOICE DATE	INVOICE DESCRIPTION	REF. DOC.	CURRENT DOC	AMOUNT
44A 431 MODEL PAYMENTS					
38228145650002	03/23/11	SEE REMITTANCE ADVICE	FF3750	VZFF01BX	1008.60
VOUCHER NO. FF3700 VOUCHER LOCATION NO. 0001 VOUCHER DATE 03/23/11					
PROVIDER ID NO/NAME 0326273 ROBERT AND ANN KELLY					

PLEASE CONSULT YOUR STATEMENT OF PAYMENTS FOR DETAILED PAYMENT INFORMATION

CLIENT NAME	CASE NO.	SERVICE PERIOD	PYMT	AMOUNT	SERVICE CODE
STONE SAM	K1234567A	03/06/11 - 03/19/11	REG	200.00	CFC 0802
THUMB TOM	V1234567A	03/06/11 - 03/19/11	REG	150.00	CFC 0808
PEPPERMINT PAT	V1020123A	03/06/11 - 03/19/11	REG	175.00	CFC 0822
PEPPERMINT PAT	V1020123A	03/06/11 - 03/19/11	REG	32.00	CFC 0809

PLEASE KEEP THIS DOCUMENT FOR YOUR TAX RECORDS

TOTAL 557.00

WARRANT AMOUNT \$ 1565.60

DETACH HERE -- RETAIN STUB FOR YOUR RECORDS -- DETACH HERE

EXHIBIT F
NON-SCHEDULED PAYMENT
SERVICE CODES AND REASONS

SERVICE CODE #	PAYMENT REASON
8001	Initial Clothing ages 0 to 5 years
0802	Initial Clothing ages 6 to 12 years
0803	Initial Clothing ages 13 to 18 years
0804	Initial Clothing ward child
0805	School Tutoring
0806	Graduation Expenses
0808	Mental Health/Psychological Evaluation
0809	Transportation
0810	Assisted Care
0829	Service Code Adjustment
0830	Class Ring
0832	Drivers Education
0838	American Indian Child

The Following Must be Approved by the Federal Compliance Division

0821	Special Clothing ages 0 to 5 years
0822	Special Clothing ages 6 to 12 years
0823	Special Clothing ages 13 to 18 years
0824	Special Clothing ward child
0825	Medical Expenses
0826	Dentures/Dental Expenses
0827	Exceptional Request
0831	Out-of-State School Tuition
0833	Bed Hold
0834	One-on-One Supervision
0835	Administrative Rate Change
0836	Summer School
0837	Adult Foster Care

SYSTEM GENERATED PAYMENTS

0896	Age-Appropriate Rate for Semi-annual Clothing Allowance ages 00-12
0897	Age-Appropriate Rate for Semi-annual Clothing Allowance ages 13+
0898	Holiday Allowance

CHILDREN'S FOSTER CARE PAYMENT SCHEDULE 2014

BILLING PERIOD		INVOICE RECEIVED BY PAYMENT CONTROL	TENTATIVE WARRANT
BEGIN	END	INVOICE DUE DATE	APPROXIMATE DELIVERY DATE
12/30/2013 - 01-12-2014		01/15/2014	01/24/2014
		01/22/2014	01/31/2014
01/13/2014 - 01/26/2014		01/29/2014	02/07/2014
		02/05/2014	02/14/2014
01/27/2014 - 02/09/2014		02/12/2014	02/21/2014
		02/19/2014	02/28/2014
02/10/2014 - 02/23/2014		02/26/2014	03/07/2014
		03/05/2014	03/14/2014
02/24/2014 - 03/09/2014		03/12/2014	03/21/2014
		03/19/2014	03/28/2014
03/10/2014 - 03/23/2014		03/26/2014	04/05/2014
		04/02/2014	04/11/2014
03/24/2014 - 04/06/2014		04/09/2014	04/18/2014
		04/16/2014	04/25/2014
04/07/2014 - 04/20/2014		04/23/2014	05/02/2014
		04/30/2014	05/09/2014
04/21/2014 - 05/04/2014		05/07/2014	05/16/2014
		05/14/2014	05/23/2014
05/05/2014 - 05/18/2014		05/21/2014	05/30/2014
		05/28/2014	06/06/2014
05/19/2014 - 06/01/2014		06/04/2014	06/13/2014
		06/11/2014	06/20/2014
06/02/2014 - 06/15/2014		06/18/2014	06/27/2014
		06/25/2014	07/04/2014*
06/16/2014 - 06/29/2014		07/02/2014	07/11/2014*
		07/09/2014	07/18/2014
06/30/2014 - 07/13/2014		07/16/2014	07/25/2014
		07/23/2014	08/01/2014
07/14/2014 - 07/27/2014		07/30/2014	08/08/2014
		08/06/2014	08/15/2014

*Warrants may be delayed due to holidays

These delivery dates are approximate. Delays in invoices being received and/or warrants being delivered due to mail delivery delays are not accounted for in this schedule.

Payments for the Young Adult Voluntary Foster Care (YAVFC) program do not follow this schedule.

CHILDREN'S FOSTER CARE PAYMENT SCHEDULE 2014

BILLING PERIOD		INVOICE RECEIVED BY PAYMENT CONTROL	TENTATIVE WARRANT
BEGIN	END	INVOICE DUE DATE	APPROXIMATE DELIVERY DATE
07/28/2014 - 08/10/2014		08/13/2014	08/22/2014
		08/20/2014	08/29/2014
08/11/2014 - 08/24/2014		08/27/2014	09/05/2014
		09/03/2014	09/12/2014
08/25/2014 - 09/07/2014		09/10/2014	09/19/2014
		09/17/2014	09/26/2014
09/08/2014 - 09/21/2014		09/24/2014	10/03/2014
		10/01/2014	10/10/2014
09/22/2014 - 10/05/2014		10/08/2014	10/17/2014
		10/15/2014	10/24/2014
10/06/2014 - 10/19/2014		10/22/2014	10/31/2014
		10/29/2014	11/07/2014
10/20/2014 - 11/02/2014		11/05/2014	11/14/2014
		11/12/2014	11/21/2014
11/03/2014 - 11/16/2014		11/19/2014	11/28/2014*
		11/26/2014	12/05/2014
11/17/2014 - 11/30/2014		12/03/2014	12/12/2014
		12/10/2014	12/19/2014
12/01/2014 - 12/14/2014		12/17/2014	12/26/2014*
		12/24/2014	01/02/2015*
12/15/2014 - 12/28/2014		12/31/2014	01/09/2015
		01/07/2015	01/16/2015
12/29/2014 - 01/11/2015		01/14/2015	01/23/2015
		01/21/2015	01/30/2015
01/12/2015 - 01/25/2015		01/28/2015	02/06/2015
		02/04/2015	02/13/2015
01/26/2015 - 02/08/2015		02/11/2015	02/20/2015
		02/18/2015	02/27/2015

*Warrants may be delayed due to holidays.

These delivery dates are approximate. Delays in invoices being received and/or warrants being delivered due to mail delivery delays are not accounted for in this schedule.

Payments for the Young Adult Voluntary Foster Care (YAVFC) program do not follow this schedule.



Quantity: 0
Cost: 0
Authority: DHS Director

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<WEB ONLY>